

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 09/8544174	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					51	
2	1					52	
3	2					53	
4	2					54	
5	2					55	
6	1					56	
7	1	18				57	
8	2					58	
9	2					59	
10	2					60	
11	2					61	
12	2					62	
13						63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23	1					73	
24	1					74	
25	2					75	
26	2					76	
27	2					77	
28	2					78	
29	2					79	
30	1					80	
31	1					81	
32	1					82	
33	4					83	
34	4					84	
35	4					85	
36	4					86	
37	4					87	
38	4					88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	6					TOTAL IND.	
TOTAL DEP.	50	↓	↓	↓		TOTAL DEP.	
TOTAL CLAIMS	56	RE-1	RE-2	RE-3	RE-4	TOTAL CLAIMS	RE-1